



**YOUTH COMMUNITY CORRECTIONS BUREAU
GREAT FALLS YOUTH TRANSITION CENTERS
STANDARD OPERATING PROCEDURES**

Procedure No.: YTC 120-3	Subject: EMERGENCY DENTAL CARE
Chapter: HEALTH CARE SERVICES	Page 1 of 2
Applicable ACA Standards: 3-JCRF-4C-13	Revision Date:
Signature: /s/ <i>Kenneth McGuire</i>	Effective Date: 01/01/10
Signature: /s/ <i>Steve Gibson</i>	

I. CENTERS DIRECTIVE:

Dental care shall be provided to each resident on an emergency basis by a dentist and/or other fully qualified professional authorized to provide care in accordance with state licensing requirements. This procedure will be reviewed annually.

II. DEFINITIONS:

Informed Consent - Voluntary agreement to a treatment, examination, or procedure by the resident after the resident has been informed of the nature, consequences, risks, and alternatives of the proposed treatment, examination, or procedure.

III. PROCEDURE:

A. Dental Services Offered

1. Residents shall receive immediate attention on an emergency basis. They shall receive prompt diagnosis and treatment, when informed consent is obtained by the dental provider.
2. Emergency conditions requiring immediate evaluative treatment may include the following:
 - a. Bleeding and pain
 - b. Acute periapical abscess
 - c. Acute peritonitis
 - d. Vincent infection
 - e. Acute gingivitis
 - f. Acute stomatitis
 - g. Fractures of teeth
 - h. Fracture of jaw(s)
 - i. Gaping wounds of lip and/or cheek
3. Any staff member who has reason to believe the resident is experiencing an emergency condition shall notify the facility director or designee, who will contact the appropriate medical staff and request instructions. Referral to a dentist shall be made in accordance with medical staff instructions.

IV. CLOSING:

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Questions concerning this procedure shall be addressed to the Youth Transition Centers Director.

V. REFERENCES:

None

VI. ATTACHMENTS:

None